



**TOWN OF FORT MILL**  
112 CONFEDERATE STREET  
PO BOX 159  
FORT MILL, SC 29716-0159  
PHONE: 803-547-2034 FAX: 803-548-4722

APPLICATION FOR PRIVILEGE LICENSE FOR CALENDAR YEAR 2014

**(MAKE SEPARATE APPLICATION FOR EACH BUSINESS  
TO BE LICENSED AT EACH LOCATION)**

ALL BUSINESSES ARE SUBJECT TO AUDIT AND  
VERIFICATION OF GROSS RECEIPTS BY EXAMINATION OF  
INCOME TAX RETURNS AND DOCUMENTS FILED WITH  
STATE AND FEDERAL GOVERNMENT AGENCIES.

NAME OF APPLICANT (INDIVIDUAL OR FIRM)/MAILING ADDRESS:

NAME: \_\_\_\_\_  
ADDRESS LINE 1: \_\_\_\_\_  
ADDRESS LINE 2: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

FINANCIAL INFORMATION WILL REMAIN CONFIDENTIAL

DATE: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
BUSINESS CLASS: \_\_\_\_\_  
BUSINESS DESC: \_\_\_\_\_  
STATE LICENSE #: \_\_\_\_\_

ACCOUNT NO.: \_\_\_\_\_  
TAX ID NUMBER: \_\_\_\_\_  
OWNERSHIP TYPE: \_\_\_\_\_  
PERSON RESPONSIBLE: \_\_\_\_\_

**THE REQUIRED LICENSE FEE IS DUE AND PAYABLE 01/01/2014.**

THIS IS APPLICATION FOR:

1. \_\_\_\_\_ NEW BUSINESS
2. \_\_\_\_\_ RENEWAL OF LICENSE
3. \_\_\_\_\_ CHANGE OF OWNERSHIP
4. \_\_\_\_\_ CHANGE OF LOCATION

**FOR RENEWAL**, THE LICENSE FEE SHALL BE COMPUTED ON  
GROSS INCOME FOR THE PRECEDING CALENDAR YEAR.

**FOR A NEW BUSINESS**, THE LICENSE FEE SHALL BE COMPUTED ON  
ESTIMATED PROBABLE GROSS INCOME FOR THE BALANCE OF THE  
LICENSE YEAR. **MUST PROVIDE A REALISTIC ESTIMATE.**

1. \_\_\_\_\_ CORPORATION
2. \_\_\_\_\_ PARTNERSHIP
3. \_\_\_\_\_ INDIVIDUAL OWNERSHIP

**PENALTIES:** FOR NON-PAYMENT OF ALL OR ANY PART OF THE  
CORRECT LICENSE FEE, A 5% LATE PENALTY SHALL BE ASSESSED FOR  
EACH MONTH OR PORTION THEREOF UNTIL PAID.

**\*LICENSE FEES UNPAID AFTER 60 DAYS ARE SUBJECT TO LEGAL ACTION**

**CALCULATION OF LICENSE FEE:**

GROSS RECEIPTS \$ \_\_\_\_\_

**OFFICE USE ONLY:**

DATE ISSUED: \_\_\_\_\_  
LICENSE FEE: \_\_\_\_\_  
PENALTY: \_\_\_\_\_  
TOTAL: \_\_\_\_\_  
  
CODE: \_\_\_\_\_  
RESIDENT: \_\_\_\_\_

**FOR FEE CALCULATION PLEASE FAX 803-548-4722  
OR EMAIL: [LELTING@FORTMILLSC.GOV](mailto:LELTING@FORTMILLSC.GOV)  
PLEASE MAKE A COPY FOR YOUR RECORDS, AND  
PROMPTLY RETURN APPLICATION WITH PAYMENT SO  
LICENSE CAN BE ISSUED. IF NOT RENEWING, PLEASE  
NOTIFY TO AVOID PENALTIES.**

I (WE) DO HEREBY CERTIFY THAT THE AMOUNT AS TOTAL GROSS FROM MY BUSINESS OR PROFESSION AS REPORTED HEREIN IS TRUE AND CORRECT, AND THAT I AM FAMILIAR WITH THE TOWN ORDINANCE PROVIDED FOR PENALTIES AND REVOCATION OF MY LICENSE FOR MAKING FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION. I (WE) DO HEREBY CERTIFY THAT ALL PERSONAL PROPERTY TAXES HAVE BEEN PAID WHICH ARE DUE AND PAYABLE TO THE TOWN OF FORT MILL AS OF THIS DATE IF APPLICABLE.

Signature

Title

Date